NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

Application to Town/City Clerk for Copy of Marriage Record

TYPE OF RECORD DESIRED (Check One)							
Search and Certification Fee \$10.00 per copy	Search and Certified Copy ee \$10.00 per copy						
A Certification, an abstract from the marriage record issued under the seal of the Health Department, includes the names of the contracting parties, their residence at the time the license was issued as well as date and place of birth of the bride and groom. A Certification may be used as proof that a marriage occurred.	A Certified Transcript includes all of the items of information occurring on the original record of the marriage. A Certified Transcript may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.						

PLEASE COMPLETE FORM AND REMIT FEE								
PLEASE PRINT OR TYPE								
Name of Groom	(First)	(Middle)	(Last)	Name of Bride	(First)	(Middle)	(Last)	
Groom's Age or Date of Birth				Bride's Age or Date of Birth				
Residence of Groom	(County)	(State)	Residence of Bride	8	(County)	(State)	
Date of Marria or Period Cov by Search				If Bride Prev Married, Stat Used at That	te Name t Time			
Place Where License Was Issued				Place Where Marriage Was Performed				
For what purpose is information required?			What is your relationship to person whose record is requested? If self, state "self."					
In what capacity are you acting?			If attorney: Name and relationship of your client to persons whose marriage record is required.					
Signature of A	Applicant			Dale				
				Discounting				
Address of Applicant				Please print i	name and a	address where reco	ra is to be sent.	

DOH-301 (3/93)